

Short-Term Disability Insurance



Elimination Periods: 14 day injury/14 day Sickness
 Benefit Periods: 26 weeks
 Benefit Amounts: \$250 per month – \$7,500 per month

Short Term Disability Insurance Plan A Off-the-Job Accident / Sickness 0% On-the-Job Accident Georgia Weekly Premium Table			
Age Band:	17-49	50-64	65-74
Off-the-Job Acc & Sickness Benefit	6 Months 14/14 EP	6 Months 14/14 EP	6 Months 14/14 EP
\$250	\$1.72	\$2.53	\$3.41
\$500	\$3.44	\$5.07	\$6.82
\$750	\$5.16	\$7.60	\$10.23
\$1,000	\$6.88	\$10.14	\$13.64
\$1,250	\$8.60	\$12.67	\$17.05
\$1,500	\$10.32	\$15.20	\$20.46
\$1,750	\$12.04	\$17.74	\$23.87
\$2,000	\$13.77	\$20.27	\$27.28
\$2,250	\$15.49	\$22.80	\$30.69
\$2,500	\$17.21	\$25.34	\$34.10
\$2,750	\$18.93	\$27.87	\$37.51
\$3,000	\$20.65	\$30.41	\$40.92
\$3,250	\$22.37	\$32.94	\$44.33
\$3,500	\$24.09	\$35.47	\$47.74
\$3,750	\$25.81	\$38.01	\$51.15
\$4,000	\$27.53	\$40.54	\$54.56
\$4,250	\$29.25	\$43.07	\$57.97
\$4,500	\$30.97	\$45.61	\$61.38
\$4,750	\$32.69	\$48.14	\$64.79
\$5,000	\$34.41	\$50.67	\$68.20
\$5,250	\$36.13	\$53.21	\$71.61
\$5,500	\$37.86	\$55.74	\$75.02
\$5,750	\$39.58	\$58.28	\$78.43
\$6,000	\$41.30	\$60.81	\$81.84
\$6,250	\$43.02	\$63.34	\$85.25
\$6,500	\$44.74	\$65.88	\$88.66
\$6,750	\$46.46	\$68.41	\$92.07
\$7,000	\$48.18	\$70.95	\$95.48
\$7,250	\$49.90	\$73.48	\$98.89
\$7,500	\$51.62	\$76.01	\$102.30



PLAN HIGHLIGHTS

- Participation Requirement:** 5 Enrolled (insured) Lives.
- Replacement Coverage:** available up to policy limits if replacing existing coverage
- Pre-existing Condition Limitation:** 12/12 waiting period
- Partial Disability Benefit:** if you return to work, but earn less than 100% of your pre-disability income, you will receive 25% of your Total Disability Benefit for 3 months
- Waiver of Premium:** After 90 days of Total Disability
- Claim Payment:** Paid on a Semi-Monthly or Monthly basis on all eligible claims.
- Pregnancy Claims:** Covered the same as any other illness.
- Non-Occupational Coverage:** Off the job only.
- Spousal Coverage:** Available to be purchased as well.



Ted Mengel
President
 GMTA Insurance Management
 404.314.6799



John Shafer
Benefits Specialist
 843.637.9983
 john@gmta.org



Critical Illness Insurance



WEEKLY RATES Cost per \$1,000

AGE	MALE NO TOBACCO	MALE TOBACCO	FEMALE NO TOBACCO	FEMALE TOBACCO
18-24	\$ 0.05	\$ 0.06	\$ 0.06	\$ 0.08
25-29	0.06	0.08	0.07	0.09
30-34	0.07	0.12	0.09	0.14
35-39	0.11	0.18	0.14	0.21
40-44	0.16	0.29	0.18	0.28
45-49	0.27	0.45	0.26	0.43
50-54	0.42	0.68	0.39	0.66
55-59	0.66	1.01	0.59	0.95
60-64	0.91	1.51	0.80	1.35
65-69	1.23	2.10	1.18	1.81
70-74	1.62	3.16	1.46	2.78
75-79	2.09	4.50	1.84	3.96
80-84	2.93	6.19	2.58	5.45



PLAN HIGHLIGHTS

- Benefits Paid for:** Cancer, Heart Attack, Stroke, Heart Transplant, Coronary Artery Bypass Surgery, Angioplasty, Aortic Surgery, Heart Valve Replacement or Repair, Major Organ Transplant, Coma, Paralysis, and End Stage Renal Failure
- Face Amount Available:** \$5,000 - \$500,000
- Recurrence Benefit¹:** Benefits are paid if the illness recurs more than 18 months after the first occurrence.
- Multiple Benefits:** Benefits can be paid for multiple covered illnesses (up to 3 times total lifetime).



Ted Mengel
President
GMTA Insurance Management
404.314.6799



John Shafer
Benefits Specialist
843.637.9983
john@gmta.org

1. After receiving full benefits for Category 2 or 3 Critical Illness, 25% of the Initial Benefit paid for recurrence. No more than 2 recurrences more than 18 months apart. Must not exceed maximum benefit amount.



BENEFITS INCLUDE

- ▶ Physician Office Visit
- ▶ Hospital Admission
- ▶ Hospital Confinement
- ▶ Hospital Intensive Care Unit
- ▶ Ground/Air Ambulance
- ▶ Emergency Room
- ▶ Diagnostic Exams
 - Lab
 - EKG
 - Other Tests
- ▶ Continuous Care
 - Skilled Nursing Facility
 - Rehabilitation Facility
 - Rehabilitation Unit
 - Home Health Care
 - Hospice Care
- ▶ Anesthesia/Surgery
 - Abdominal
 - Thoracic
 - Tendon
 - Ligament
 - Rotator Cuff
- ▶ Outpatient Diagnostics
 - X-ray
 - MRI
 - MRA
 - CAT Scan
 - PET Scan
 - CT Scan
- ▶ Wellness and Preventive Care
- ▶ Accidental Death
- ▶ Accidental Dismemberment
- ▶ Paralysis
- ▶ Prosthetics
- ▶ Coma
- ▶ Fractures
- ▶ Dislocations
- ▶ Burns
- ▶ Transportation
- ▶ Lodging

DIAMOND PLAN BENEFITS

Emergency Room: <i>(per day, 3 per calendar year)</i>	\$125
Hospital Confinement: <i>(per day, 365 day maximum)</i>	\$250
Hospital Admission: <i>(per hospital confinement)</i>	\$2,000
Daily Intensive Care: <i>(per day, 30 day maximum)</i>	\$500
Surgery: <i>(per day)</i>	\$1,500
Anesthesia: <i>(per day)</i>	\$375
Continuous Care:* <i>(30 day maximum)</i>	\$150

* Continuous Care means care received in a Skilled Nursing Facility, Rehabilitation Facility, Rehabilitation Unit or Home Health Care or Hospice. The Continuous Care must begin within 7 days following discharge from a hospital and be necessary to treat the same condition that caused the hospitalization. Benefits are payable for a period equal to the length of the preceding hospital stay not to exceed 30 days.



PLAN HIGHLIGHTS

Coverage Available: ages 18-74
Pays in addition to other coverages
Spouse and Dependent coverage available

DIAMOND PLAN WEEKLY RATES

Employee:	\$ 5.98
Employee/Spouse:	\$ 9.58
Employee/Children:	\$10.14
Family:	\$13.04



Ted Mengel
President
GMTA Insurance Management
404.314.6799



John Shafer
Benefits Specialist
843.637.9983
john@gmta.org

Why Purchase FlexCare Insurance?

One day in the hospital could cost you about as much – or more – than a month’s rent or a house note. In fact, a recent study shows that the average cost of a **one day hospital stay** will cost about **\$2,271**¹. Even with insurance, you could end up paying about **\$1,000**² from your own pocket for things like copays, coinsurance, deductibles and other expenses insurance doesn’t cover. Are you prepared for that?



PLAN HIGHLIGHTS

Hospital Confinement Benefit:	\$400/day for up to 365 days
Hospital Admission Benefit:	\$2,500
Wellness Benefit:	\$50 one time per year
Rehabilitation Benefit:	\$100 per day / 15 days per year
Waiver of Premium:	After 30 continuous days hospital confinement
Doctors Visit:	1 per year at \$75
Prescription Drug Benefit:	Generic \$10/\$20, Preferred \$30/\$60 Non-Preferred Discount

WEEKLY RATES

Employee:	\$16.89
Employee/Spouse:	\$35.31
Employee/Children:	\$28.49
Family:	\$50.63



Ted Mengel
President
GMTA Insurance Management
404.314.6799



John Shafer
Benefits Specialist
843.637.9983
john@gmta.org

1. Kaiser Family Foundation. Hospital Adjusted Expenses per Inpatient Day. <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/>. Accessed 12 April 2018.

2. Fox, Maggie. (27 June 2016) Even with Insurance, A Hospital Stay will Cost You \$1,000 or More. <https://www.nbcnews.com/storyline/obamacare-deadline/even-insurance-hospital-stay-will-cost-you-1000-or-more-n599806>. Accessed 12 April 2018.

Underwritten by Standard Life and Accident Insurance Company. This Policy provides Limited Benefits. Policy Form SL-VERSEP14 is not available in all states and benefits may vary. The policy has specific terms and conditions relating to coverage, including limitations and exclusions.

